



Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 3653
Suggested classification::
TITLE:: METHOD FOR TRACKING AND DISPENSING
MEDICAL ITEMS
Attorney Docket Number:: D-1056 DIV3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 20
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Max
Middle Name:: A.
Family Name:: Fedor
Name Suffix::
City of Residence:: Wexford
State or Province Of Residence:: PA
Country of Residence:: US
Street of mailing address:: 2627 Glenchester Rd
City of mailing address:: Wexford
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15090

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eric
Middle Name:: R.
Family Name:: Colburn
Name Suffix::
City of Residence:: Wexford
State or Province Of Residence:: PA
Country of Residence:: US
Street of mailing address:: 2653 Black Oak Ct
City of mailing address:: Wexford
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15090

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: G.
Family Name:: Gillio
Name Suffix::
City of Residence:: Lancaster
State or Province Of Residence:: PA
Country of Residence:: US
Street of mailing address:: 2001 Pine Dr
City of mailing address:: Lancaster
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 17601

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: W.
Family Name:: Neu
Name Suffix::
City of Residence:: Pittsburgh
State or Prov. Of Residence:: PA
Country of Residence:: US
Street of mailing address:: 1000-8 Nineteen North Dr
City of mailing address:: Pittsburgh
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15237

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: R.
Middle Name:: Michael
Family Name:: McGrady
Name Suffix::
City of Residence:: Baden
State or Prov. Of Residence:: PA
Country of Residence:: US
Street of mailing address:: 218 Woodcroft Rd
City of mailing address:: Baden
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15005

Correspondence Information

Correspondence Customer Number:: 07733

Representative Information

Representative Customer Number::	07733
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	<u>Divisional of</u>	<u>08/361,783</u>	<u>12/16/1994</u>
<u>08/361,783</u>	Continuation-In-Part of	08/186,285	01/25/1994
08/186,285	Continuation-In-Part of	08/009,055	01/25/1993